

From Vision to Reality: A guide for the successful implementation of recommendations from the Royal Commission into Victoria's Mental Health System

December 2020





**Mental Health
Victoria**

Collaboration • Knowledge • Leadership

About Mental Health Victoria

Mental Health Victoria (MHV) is the peak body for Victoria's mental health sector. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, unions, local governments, and other bodies across the health, housing, and justice sectors.

Our aim is to ensure that people living with mental illness can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.



**Victorian
Healthcare
Association**

Vision • Value • Voice

About Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's health services to deliver high quality care. Established in 1938, the VHA represents the Victorian \$20 billion public healthcare sector including public hospitals and community health services.

The VHA supports Victoria's healthcare providers to respond to system reform, shape policy and advocate on key issues, delivering vision, value, and voice for the Victorian health sector. In addition, the VHA assists its members with the implementation of major system reform.



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Executive summary

This Implementation Guide has been prepared by MHV and the VHA in broad consultation with Victoria's mental health sector. It outlines how implementation of the Royal Commission's recommendations could be managed by the Victorian Government to ensure that reforms are implemented as intended and achieve the outcomes that are needed to enhance individual and community mental health and wellbeing.

The Guide draws on best practice approaches from implementation science literature and extensive consultation with stakeholders from across the mental health and related sectors. This consultation has included people with lived experience, national and international leaders involved in major reform processes in mental health and other fields, MHV and VHA members, the Victorian Mental Health Policy Network, and other stakeholders. Consultation was undertaken through various means including direct interviews with individuals and a public forum titled "Reform in Action" which enabled stakeholders across the mental health sector to share their views, outline their needs, and express their hopes for how the reform process will unfold.


The Implementation Guide is primarily aimed at assisting the Victorian Government and the body or bodies it will task with overseeing the implementation of the Royal Commission's final recommendations. The principles and actions outlined also provide a useful framework to guide the actions of those directly responsible for the implementation of the Royal Commission's recommendations on the ground.

The Implementation Guide is based on five key principles that should guide the reform process.

- 1** Financial, human and timing resources support the planning and implementation process, in addition to resourcing for individual recommendations.
- 2** Government plays an enabling role, while allowing the sector and the community to drive reform implementation on the ground.
- 3** Shared ownership of the process maintains broad support and buy-in for the process among all stakeholders.
- 4** Implementation activities focus on producing the desired outcomes, rather than completing set tasks.
- 5** Continuous improvement is fundamentally embedded within the system to future-proof reform gains.

These principles are then applied across six action areas that are critical to successful implementation: governance; planning; collaboration; communication; capacity-building; and monitoring and evaluation.

This Implementation Guide provides the Victorian Government and the sector with a practical framework to achieve the broad changes required to move successfully from vision to a reality that can continue to grow and evolve into the future. By employing implementation practices that 'get it right' we can make sure we don't waste this once in a generation opportunity to create a world-leading mental health system.



Summary of Key Actions

ACTION 1 Establish strong governance

- Adopt a whole-of-government approach
- Resource Mental Health Reform Victoria or its successor
- Create a comprehensive governance framework to support collaboration
- Establish a governance body to future-proof reform gains

ACTION 2 Plan for success

- Allow adequate time to plan
- Create clear but flexible implementation plans
- Drive a culture of monitoring, evaluation, and continuous improvement

ACTION 3 Enable authentic collaboration

- Involve the right people
- Avoid actual and perceived tokenism
- Promote safety and equality
- Establish shared agreements around rules and processes
- Foster collaboration beyond formal committee structures

ACTION 4 Coordinate strategic communications

- Develop a comprehensive communications strategy
- Clarify timing, key messages, and communication mechanisms
- Empower community organisations to reach their audiences
- Facilitate opportunities for feedback

ACTION 5 Prioritise capacity-building to support implementation

- Adequately resource all reform activities
- Support and empower peer workers and others with lived experience
- Support frontline workers to participate and upskill
- Support system and organisational change champions
- Provide implementation and planning advice

ACTION 6 Monitor and evaluate

- Establish a monitoring and evaluation framework
- Set appropriate indicators
- Collect the right data at the right time
- Use a blend of administrative data and targeted research and program evaluation
- Publish and disseminate the findings of these initiatives



Introduction

Mental Health Victoria (MHV) and the Victorian Healthcare Association (VHA) have worked together to develop this Implementation Guide to assist with the successful and sustainable implementation of recommendations from the Royal Commission into Victoria's Mental Health System.

The Royal Commission has provided a once-in-a-generation opportunity to thoroughly review Victoria's approach to mental health and set Victoria on the path to creating a robust mental health system that supports every Victorian to achieve their best possible mental health and wellbeing. The Royal Commission has engaged in extensive consultation and a review of the data and evidence around mental health, public health and healthcare responses. The Commissioners have heard stories and insights from consumers and carers with lived experience, administrators, mental health professionals, researchers, and other stakeholders in the mental health sector and beyond.

Tragically, this information shows that Victoria's current approach to mental health fails to keep people well. It also fails and even harms those living with mental illness. The Royal Commission Interim Report notes that: "Once admired as the most progressive in our nation, the state's mental health system has catastrophically failed to live up to expectations".¹ The system is underfunded, overstretched, and crisis-driven; stigma and discrimination is widespread; service access is inequitable and people experience difficulties getting help; integration is lacking and holistic care is hard to find; trauma is unseen and dignity is often disregarded; and families and carers miss out. The personal pain and suffering caused by these failures is profound. The social and economic costs are equally immense. The Commission estimates that poor mental health costs Victoria \$14.2 billion a year.

The Interim Report highlights that many of these problems can be traced back to deficiencies in leadership, governance, planning, implementation, oversight, and funding, as well as to issues of service mix and availability, and the way supports and services are provided.

It emphasises that the 'system is broken' and these structural flaws have to be fixed.

While the Royal Commission's Final Report is not due to be handed down until 5 February 2021, the Interim Report foreshadowed an ambitious reform agenda that goes beyond patching gaps and piecemeal solutions.

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It also noted that one of the key lessons learned from previous Royal Commissions and other inquiries is that the success of large-scale or transformational reforms does not only depend on the vision that is articulated, but how it is executed.

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The Final Report is likely to contain scores of recommendations – each as important as the next – and success will require strong oversight, immense coordination, and strong engagement of all those involved in making the Royal Commission's vision a reality. It will also require considerable resourcing and other supports to enable actors across the sector to implement and engage in the reform process. As the ongoing pandemic continues to place pressure on the sector, with many workers and consumers already feeling burn-out and fatigue, and these pressures expected to continue for years to come, investment in supports for the implementation process itself will be vital to successful reform implementation.

Whether or not Mental Health Reform Victoria (MHRV) continues to be tasked with implementing the recommendations from the Royal Commission, or whether this responsibility is devolved to a new body, or referred to the new Department of Health, remains to be seen. While the choice of Implementation Office is critical, there will also need to be adequate time to plan reforms, a clear implementation framework, supporting infrastructure and proper funding, to ensure that the Premier's commitment to implementing all of the Royal Commission's recommendations is realised.

To support these needs, this Implementation Guide has been prepared to outline key considerations for the effective and sustainable implementation of the Royal Commission's recommendations. The Guide draws on research literature and consultation with stakeholders across the mental health and related sectors, including people with lived experience, national and international leaders involved in major reform processes, MHV and VHA members, the Victorian Mental Health Policy Network, and other key stakeholders. This consultation included an online forum, "Reform in Action" (6 November 2020) attended by over 100 people from across the health and mental health sectors as part of a series of forums focussed on mental health sector reform, enabled by funding from the Victorian Department of Health and Human Services and conducted in partnership with Mental Health Reform Victoria.

Five key principles are embodied through the Implementation Guide across the six action areas that MHV and VHA believe are critical for success:

1. **Establish strong governance**
2. **Plan for success**
3. **Enable authentic collaboration**
4. **Coordinate strategic communications**
5. **Prioritise capacity building to support implementation**
6. **Monitor and evaluate**

1

Fund the implementation process, as well as the reform:

Effective and sustainable reform can't be rushed. Change requires time, people, and funding. In particular, health and community organisations and peak bodies need financial support to enable them to implement new arrangements, while maintaining program and service delivery.

2

Enable, don't drive:

The Victorian Government has a crucial role in enabling the reform process. Achieving this will require an Implementation Office that has sufficient time and resources to properly plan and oversee the reform process, while supporting the sector to lead the way in implementing reforms and achieving outcomes.

3

Focus on outcomes, not tasks:

Reform must take an outcome-focused approach so that the intent and spirit as well as the specific action of each recommendation is realised. True reform is not a box-ticking exercise. How things are implemented is as important as what is being implemented.

4

Encourage shared ownership:

Effective reform requires culture change across the sector, and for this to occur, it is vital that the sector as a whole is involved and invested in the change process. This must include co-design processes wherever possible, and a genuine commitment to self-determination for Aboriginal and Torres Strait Islander peoples.

5

Commit to continuous improvement:

Reform is ongoing and must be seen as a process of continuous improvement, not one-off change. Existing strengths within the system must be identified and built on, while allowing for innovation and new ideas. Problems need to be addressed through an iterative and reflective process allowing enough time for genuine improvement.

ACTION 1:

Establish strong governance

- Successful reform requires positive leadership and good governance at multiple levels.
- The Victorian Government should adopt a whole-of-government approach to reform that ensures Ministers and Departments work together in a coordinated way.
- Mental Health Reform Victoria or its successor should be resourced, supported by a cross-sectoral and inclusive Advisory Board, and tasked with leading, overseeing and managing the reform process, in partnership with key stakeholders.
- A governance framework will ensure that the central coordination and oversight provided by the Implementation Office is complemented by the knowledge, expertise, and connections of individuals and organisations on the ground.
- A governance structure is needed to maintain and future proof the gains achieved through the reform process.

To perform its crucial role as the enabler of the reform process, the Victorian Government requires a robust, clearly defined and well-coordinated network of governance groups to lead and oversee planning and implementation activities. Strong governance arrangements will help to ensure activities are well led, properly coordinated, and stay true to the spirit of reform, while also embedding oversight to ensure improvements continue to be maintained and strengthened in the years to come.

Adopt a whole-of-government approach

The Royal Commission's recommendations are likely to relate to multiple government portfolios such as mental health, health, community services, education, housing, and justice. The Victorian Government will need to determine how accountability, operational oversight, and funding responsibility will be allocated across these portfolios while ensuring coordination between them.

A whole-of-government approach may be facilitated by:

- **operationalising reform recommendations into discrete activities** with accompanying funding allocated to the most relevant government portfolio or community organisation to manage
- **integrating each activity into a whole-of-government blueprint** that outlines the inter-relationships between activities and the ways Ministers and Departments will work together
- **delegation of implementation responsibilities** identified in the blueprint to the Implementation Office, or other bodies where suitable, to bring reforms to life.

Resource Mental Health Reform Victoria or its successor

Mental Health Reform Victoria (MHRV) has performed a vital role in implementing the Royal Commission's interim recommendations. The continuation of MHRV or the establishment of a new body to succeed it is vital to maintain a 'helicopter' view over the reform process. Such a body will ensure reform progresses smoothly and successfully, and in an integrated manner.

The Implementation Office should:

- **establish a skilled and experienced Advisory Board** comprised of members with expertise in mental health, change management, reform processes and other key areas, including people with lived experience of mental health issues (consumers, and families and carers), LGBTIQ+ communities, and Aboriginal and Torres Strait Islander people, to embed co-design and self-determination within the process at a central level
- **be well-resourced** to employ qualified staff and establish the IT, public communication and other infrastructure required
- **recruit capable and experienced senior leaders** who are supported and remunerated well enough to ensure they are committed to supporting the long-term transition with the benefit of institutional knowledge
- **establish formal links with peak or other representative bodies**, particularly for Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, LGBTIQ+ communities, families and carers, and people living in regional, rural, or remote Victoria.

Create a comprehensive governance framework to support collaboration

The Implementation Office should develop a governance framework to guide collaboration between itself and those directly responsible for implementing reforms. This should include pre-existing bodies and networks, as well as the implementation committees and organisational working groups created to design and support changes 'on the ground' focussed on particular regions, recommendations, services or sectors.

A governance framework will ensure that the central coordination and oversight provided by the Implementation Office is complemented by the knowledge, expertise, and connections of individuals and organisations on the ground. This is particularly important for reforms related to Aboriginal and Torres Strait Islander communities. Self-determination is vital and the Implementation Office must continue to work closely with the Victorian Aboriginal Community-Controlled Health Organisation and its members on such reforms.

The governance framework should consider how the Implementation Office will:

- **work with local planning and implementation committees and working groups** established by organisations involved in implementing specific recommendations to facilitate integration
- **engage with existing bodies and networks**, including at an industry level, such as through the Victorian Mental Health Policy Network and other peak bodies, unions, colleges, and networks, as well as engagement with services and priority groups
- **establish cross-communication mechanisms** between the Implementation Office, local planning and implementation committees and working groups, and existing peak bodies and networks, to avoid different efforts pursuing divergent directions
- **maintain transparency**, such as through the publication of an annual meeting schedule and terms of reference for the groups.

Further information on the structure and operation of consultation and engagement mechanisms can be found in Action 3. Information on resourcing and other capacity-building requirements to support sector engagement can be found in Action 5.

Establish a governance body to future-proof reform gains

Achieving effective and sustainable reform is not a time-limited process. Gains must be future-proofed by establishing a permanent governance structure beyond the period of reform to maintain oversight of the system. The creation of a Victorian Mental Health and Wellbeing Commission that operates at arms-length from government and maintains responsibility for embedding monitoring, evaluation, and continuous improvement as a core feature of the mental health system would help to secure reform gains in the years to come.

ACTION 2:

Plan for success

- Organisations need time to prepare and plan before embarking on change.
- Invest in planning up-front to avoid unforeseen problems later.
- Governance groups should create clear, comprehensive and outcomes focused implementation plans for the reform process as a whole, and for specific initiatives.
- Plans should embed a focus on monitoring and evaluation to drive a culture of continuous quality improvement, rather than a culture of task completion.

Effective and sustainable implementation starts with good planning. Having a robust plan upfront to direct the reform process will ensure that the Victorian Government and Implementation Office can fulfill their enabling role while empowering the sector to take the lead on implementation activities. Good planning must also consider how to safeguard the sustainability of reforms through a commitment to continuous improvement.

Allow adequate time to plan

Taking time at the outset to plan in detail can avoid reforms heading in the wrong direction and prevent time being wasted on re-scoping or re-starting implementation activities later. Previous reform processes have consistently demonstrated the dangers of rushing major reform processes.

Ensuring adequate time is provided for the planning phase can help to ensure the success of reforms by:

- **ensuring meaningful involvement of priority groups** through consultation and co-design
- **avoiding tensions and frustrations** among key stakeholders if concerns are not addressed, and valuable ideas are missed
- **avoiding unforeseen consequences** impacting consumer outcomes, which could have been avoided if more time had been taken
- **avoiding missteps** that blow out budgets and timelines, and contribute to fatigue, burn-out and loss of faith in the process
- **identifying where fast-track implementation is required**, such as where there is an urgent need to safeguard people's lives and wellbeing.

Create clear but flexible implementation plans

The planning phase should lead to the creation of a clear and achievable implementation plan to support and coordinate reform processes. The Implementation Office should have an overarching plan, as well as plans for each recommendation or thematically linked group of recommendations. Local implementation committees and organisational working groups should also create a plan for the initiatives they are responsible for implementing.

The overarching implementation plan should:

- **set out a clear and agreed vision for reform** that will underpin all activities from planning and collaboration through to communication, implementation, monitoring and evaluation.
- **clearly map out the sequencing and phasing of activities so that:**
 - inter-dependencies are managed
 - the people and resources needed for different stages of implementation are available at the right time
 - reforms can connect and build on each other
- **identify actions and responsibilities**, including what needs to be done, how it will occur, who is responsible for key tasks and who is accountable for the results
- **set realistic targets, milestones and timeframes** for each recommendation that acknowledges the time needed to enact change, while permitting a level of flexibility to manage issues as they arise
- **be person-centred** placing consumers and carers at the centre of reform initiatives
- **maintain a focus on outcomes** to avoid an overly task-focussed approach that may compromise the spirit and coherence of reforms
- **include a risk management plan** and in-built contingency funding to manage unforeseen issues
- **guarantee public transparency** on activities, targets, timeframes, adjustments, and alterations

- **provide a framework for localised implementation plans** to be prepared by implementation committees and working groups where required
- **identify and advise the Victorian Government on realistic funding needs to implement changes**, including those for the operation of the Implementation Office as well as the various implementation activities that sector entities will be required to undertake.

More focussed implementation plans created by local committees and working groups should follow a similar structure.

Drive a culture of monitoring, evaluation, and continuous improvement

Planning is not a process of 'set and forget'. A focus on monitoring and evaluation must be embedded into implementation plans to drive continuous improvement. Such a focus will help to shift the system from a compliance focus to a quality and outcomes focus and assure the sector that their implementation efforts will be supported to succeed.

This component of the implementation plan should identify:

- **mechanisms** to involve people with lived experience, and Aboriginal and Torres Strait Islander people, in establishing and conducting evaluation processes
- process, impact and outcome indicators for each reform activity, and the data that is required to track progress
- **evaluation feedback loops and review mechanisms** to ensure implementation activities are data-informed and decisions can be reviewed and adjusted if concerns or problems are encountered
- **"red-flag" indicators** that highlight concerns about the direction or viability of reforms
- **permanent changes required to drive a culture of continuous improvement** beyond the reform process.

Further information on monitoring and evaluation can be found in Action 6.

ACTION 3:

Enable authentic collaboration

- Authentic collaboration must be embedded in all aspects of the planning and implementation process.
- People with lived experience, and people from LGBTIQ+, CALD, and Aboriginal and Torres Strait Islander communities should be involved in every reform, while other stakeholders should be involved on the basis of their expertise or role in implementing each particular reform.
- Tokenism should be avoided at all costs. Everyone involved in decision-making should be treated as an equal partners, with their views listened to and genuinely used to inform actions.
- Active steps are needed to help people feel safe and empowered to contribute within governance structures.
- The Implementation Office should leverage existing connections with key stakeholders to facilitate change, and actively consult the community and keep them informed of progress.

Real reform requires people to have a voice and contribute. Collaboration must therefore be embedded in the activities of the Implementation Office as well as within any planning and implementation committees and organisational working groups established to manage the implementation of recommendations at the local level. Collaboration must be authentic and inclusive.

Involve the right people

Change champions

Lived experience

Cultural knowledge

Frontline experience

These are important enabling factors to successful reform. They help to generate enthusiasm, ground the reform process, and ensure changes remain achievable and focused on the views of consumers and carers. Stakeholders should be selected according to the contribution they can make to a particular reform while ensuring membership reflects the communities and segments of the sector who will be responsible for and/or impacted by the change. Representation from people with lived experience (consumers, families and carers), LGBTIQ+, CALD, and Aboriginal and Torres Strait

Islander communities should be considered mandatory in all governance structures. Both groups are diverse, and representation should reflect this diversity, as well as that of other priority or under-represented populations.

In general, planning and implementation groups should also include:

- **funders, implementers, administrators, program and service providers and service users**
- **frontline workers**, and others with relatively less power within organisational hierarchies
- **academics, advocates, and representatives from peak bodies**
- **stakeholders outside the mental health sector**, including the health, disability, justice, homelessness, and family violence sectors
- **people with direct experience in large-scale reform implementation**, change management and implementation science
- **key influencers** who can unite people and sectors towards a common goal
- **representatives from different levels of government** for initiatives that require cooperation or coordination between Commonwealth, state, and local bodies.

Avoid actual and perceived tokenism

It is vital that the input of group members genuinely inform final decisions. Too often the input of stakeholders is sought but then overlooked, failing the promised commitment to co-design, and resulting in unsatisfactory outcomes to service users and providers alike. Tokenism, or the perception of tokenism, risks alienating groups and compromising broad co-ownership of reform processes, while meaningful engagement allows people to have faith in the process, making it easier to reach consensus and accept compromises where necessary.

In order to avoid actual or perceived tokenism, the Implementation Office and local committees should:

- **treat all people as equal partners** in the planning and implementation process, with equal access to relevant information
- **respect all voices**, work towards consensus, and avoid voting processes which run the risk of excluding minority voices by reinscribing power imbalances through the 'tyranny of the majority'
- **be facilitated**, preferably by an independent facilitator, with consideration of options for co-facilitation with people with lived experience.

Promote safety and equality

People will differ in their experiences and confidence levels to participate in decision-making processes. Individuals who have experienced trauma, discrimination, or social exclusion may take time to feel safe to express their views.

To allow each member to contribute meaningfully, committees and working groups should:

- **work within a trauma-informed framework**
- **implement processes to achieve cultural safety** in consultation with Aboriginal and Torres Strait Islander, CALD and LGBTIQ+ communities
- **offer up-skilling supports** to members with limited experience in decision-making roles, including mentoring, training, and networking opportunities
- **acknowledge and address power differentials and competing interests**, including with regard to lived experience and people from diverse backgrounds, to ensure processes do not reinforce or reinstate power imbalances
- **provide adequate recognition** and remuneration for those bringing unpaid expertise to the process.

Establish shared agreements around rules and processes

Implementation committees and working groups need to begin their work by establishing shared agreements to provide a solid foundation for safe, authentic, and meaningful collaboration.

Shared agreements should identify:

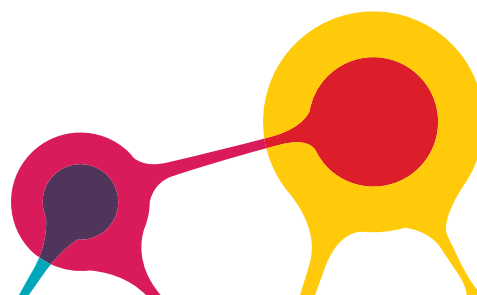
- **how the committee will function and individual roles and responsibilities**, including expectations for respect, collaboration, and confidentiality
- **clear goals and timetables** to maintain engagement and avoid a sense of aimlessness, while maintaining a level of flexibility so that decisions can be revisited as needed, and reforms are not rushed for the sake of completing them
- **decision-making processes** that aim to achieve consensus and promote authentic collaboration while maintaining support and buy-in from all members.

Foster collaboration beyond formal committee structures

Collaboration should not be limited to those involved in planning and implementation groups but should extend to community members and others outside these groups.

In its broader collaboration activities, the Implementation Office should consider mechanisms to:

- **consult or involve community members**, including targeted mechanisms for different groups, such as CALD communities, LGBTIQ communities, and Aboriginal and Torres Strait Islander communities
- **facilitate innovation and collaboration between frontline services** by removing the need to compete for resources
- **promote inter-sectoral collaboration and communication**, including between government agencies, frontline organisations, peaks, and representative groups across the mental health sector and other sectors.



ACTION 4:

Coordinate strategic communications

- Regular two-way communication is vital to successful reform.
- The Implementation Office should develop and lead the implementation of an overarching communications strategy.
- The strategy should clarify key messages and determine when and how they will be communicated.
- The Implementation Office should also support and empower community leaders and community organisations to reach their own audiences and stakeholders.
- A feedback loop should be created to allow people to ask questions of the Implementation Office and express any issues or concerns.

Regular communication that is clear and transparent, and targeted and customised for different groups will ensure that everyone has a sense of participation and co-ownership in the process. Preparing people for changes to come, while also providing opportunities to have input or seek advice, will enable culture change and effective and sustainable reform to occur.

Develop a comprehensive communications strategy

As part of its enabling role, the Implementation Office should have lead responsibility for messaging. Certain principles, such as cultural safety and respect for lived experience, should be embedded across all its communications.

To coordinate messaging activities the Implementation Office should:

- **develop and implement a comprehensive communications strategy** to guide communications, including those provided directly to the sector and the general public, and those provided via community organisations and other groups
- **clearly articulate and reiterate a shared vision of reform** to underpin all communication activities

- **take responsibility for general communications outputs** where specific targeting is not required, including a broad range of approaches that provide the right level of information for different people's needs in a range of community languages
- **build strong relationships with media outlets**, including with media that represent particular groups such as Aboriginal and Torres Strait Islander, CALD and LGBTIQ+ communities, as well as people living in regional, rural, or remote Victoria, and encourage them to inform the public about the progress of the reform process.

Clarify timing, key messages, and communication mechanisms

The communications strategy should address issues around timing, key messages, and communication channels to provide a stable foundation for co-ownership of the reform process.

Preliminary communication with stakeholders must:

- **provide background information** about the purpose of each reform and how it fits with the broader vision of the Royal Commission and Victorian Government for the system

- **generate interest and enthusiasm** while managing expectations around what can be achieved and how quickly it can be done
- **explain what opportunities will be provided for people to get involved** and when these will occur
- **articulate the vision and intent behind reforms** recommended by the Royal Commission.

Ongoing communication should:

- **provide information about the progress** of specific reforms and the reform process as a whole.
- **highlight successes** to maintain engagement and engender hope
- **tell personal stories that people can connect to** and that will bring the reform process to life
- **openly disclose disappointments and setbacks**, to maintain faith in the commitment to transparency
- **educate the general public about mental health and wellbeing**, including appropriate messages about self-care to maintain wellbeing, and advice around help-seeking for those experiencing mental health challenges.

Empower community organisations to reach their audiences

While the Implementation Office has a leadership role with respect to communications, individual leaders and champions of change and community organisations should also be empowered to deliver information and updates using the channels, formats, and strategies appropriate for their stakeholders and communities. This should include peak bodies, lived experience and carer networks, community health services and Aboriginal Community-Controlled Health Organisations.

The Implementation Office should:

- **be the public face of the reform process**, while acknowledging and supporting others' roles
- **capitalise on existing communication channels** within the sector, and with the general public and support key groups like Aboriginal Community Controlled Organisations to reach their communities

- **provide centralised messaging** to sector stakeholders to ensure that targeted communication strategies don't result in confusing or conflicted messages, while empowering others to reach and engage their communities
- **ensure there is adequate funding** for designated groups to conduct targeted and customised communication activities
- **create open lines of communication** to ensure organisations can make the right decisions at the right times – supported with the right information.

Facilitate opportunities for feedback

Communication is a two-way process, and it is not enough to just broadcast information.

Mechanisms must therefore be established within the Implementation Office to:

- **allow people to ask questions and give feedback** on the reform process, including but not limited to current service users
- **ensure that important information can travel quickly back up the pipeline** and improve outcomes as fresh perspectives emerge or new concerns are identified
- **dispel any emerging myths or misconceptions** and contain cynicism or suspicion in a timely fashion
- **build confidence and support people to feel engaged** in the process.



ACTION 5:

Prioritise capacity-building to support implementation

- Supports that are targeted to individualised needs are critical to enable people and organisations to drive implementation activities.
- Substantial funding is required to enable organisations to implement reforms.
- People with lived experience and community members require a range of supports to actively participate in planning and implementation processes.
- All health and community services should be equipped to provide frontline workers with the time and resources required to enable their genuine and meaningful participation in implementation activities.
- Sector and organisational leaders should be supported to be effective champions and leaders of change.
- Ongoing advice, hands-on support and open lines of communication are necessary to support implementation committees and working groups.

Reform can't happen without support. As an enabler of change, the Implementation Office should consider what resources, guidance materials, processes, systems, and infrastructure are needed to support the sector to own and discharge their roles in implementing the reforms. Supports should be targeted to needs, and specific consideration should be given to all stakeholders, including but not limited to consumers, carers, frontline workers, team leaders, and organisational and system leaders.

Adequately resource all reform activities

It is vital that organisations involved in implementing reforms, including health and community services, peak bodies and other service providers, are supported with adequate resources to fulfil their roles in the reform process. Previous reform efforts have been hampered by insufficient resourcing, with organisations and workers struggling to balance the competing demands of ensuring 'business as usual' while implementing change, supporting the workforce, learning and up-skilling, and reflecting on changes as they are introduced. Without dedicated funds for implementation processes, services will be forced to reallocate resources and thus risk, impacting on client care and/or compromising their effective contribution to the reform process. This is particularly true for organisations with small workforces.

Organisations will require dedicated funding that will afford them:

- **dedicated staff for managing the change process**, including subject matter experts (if required)
- **supports for existing staff** to up-skill and adapt to changes
- **enhanced IT and information management systems** to facilitate better data collection, analysis, and reporting.

The way in which each of the Royal Commission's recommendations is resourced is also very important. Short-term contracts, unrealistic funding models, inappropriate targets, or unexpected changes all risk alienating the very organisations who need to be engaged in driving reform.

Support and empower peer workers and others with lived experience

Specific consideration of how to best enable consumer and carer involvement is vital. This includes those working in the Implementation Office, participating in planning and implementation committees or working groups, working in peer roles within frontline organisations, or receiving supports.

The Implementation Office should:

- **identify and deliver suitable supports** in consultation and collaboration with people with lived experience and their representative bodies
- **support workforce growth and development** to ensure peer workers and others with lived experience are not placed under unrealistic pressure
- **provide supports for other team members** to help them to work effectively with people with lived experience.

Support frontline workers to participate and upskill

Ultimately, it is frontline workers in health and community organisations who will be responsible for the direct implementation of reforms. Considerable resources and supports will be required to assist workers to implement reform while maintaining ongoing service delivery requirements. This is particularly important in light of the ongoing pandemic and its impacts on the mental health, wellbeing and resilience of frontline workers.

The Implementation Office should work closely with frontline services, unions, professional associations and existing workforce training and support bodies to identify the supports required for frontline workers, including:

- **professional development** and training courses to enable workers to identify and address any knowledge and practice gaps
- **ongoing opportunities for reflective practice** on the change processes being introduced and how they are implementing their learnings in practice
- **access to** debriefing, supervision, shadowing, coaching, and mentoring, as well as to peer/professional networks and communities of practice
- **wellbeing supports** to support worker resilience and self-care.

Supports should be determined through consultation, and should aim to:

- **support organisations to facilitate new activities** while avoiding staff burnout and fatigue
- **help frontline workers to identify new knowledge, skills or supports needed** to implement any changes in practices or procedures

- **balance the twin needs for rapid service and workforce growth with the sustenance, retention and up-skilling of the existing workforce.**

Support system and organisational change champions

System and organisational leaders have a critical role in championing and leading reform and ensuring their teams and stakeholders are ready to play their role. People who are well-known and respected leaders from various parts of the mental health and intersecting sectors will be key allies in facilitating the changes required for sector reform.

The Victorian Government, Implementation Office and mental health services should ensure current and emerging senior leaders have access to:

- **leadership development and training courses**
- **organisational change management workshops**
- **opportunities to network and collaborate**
- **open channels of communication** with the Implementation Office.

Provide implementation and planning advice

The Implementation Office also has a critical role in supporting the committees, groups and organisations involved in the planning and implementation process as a whole.

The Implementation Office should:

- **develop evidence-based guidance materials** on change management and implementation science to support change
- **be available to provide advice and direct 'hands-on' support** to those involved in organisational level planning and implementation activities, and to support the active engagement of others outside these groups
- **focus on data and information sharing** and establishing feedback loops with committees and working groups
- **regularly reflect on how the Office is performing as a systems enabler**, including through regular reviews of planning, collaboration, communication, and evaluation mechanisms.

ACTION 6:

Monitor and evaluate

- Ongoing monitoring and evaluation are needed to ensure reforms are occurring effectively and sustainably and having a positive impact.
- The Implementation Office should develop a monitoring and evaluation framework.
- Appropriate process, impact and outcome indicators should be agreed on to track implementation and benefits.
- Data collection should link to the framework and not overburden consumers, carers, and workers.
- Data should include a mix of administrative data and end-user feedback, supplemented by targeted research projects, formal program evaluations, community surveys, and ongoing opportunities for community feedback.
- Public reporting on progress, as well as the outcome of research projects, program evaluations and community surveys is important for accountability and to build confidence, trust, and engagement in the reform process.

Reform is not a one-off activity but a process of continuous reflection, innovation, and improvement.

Too often, mental health initiatives have not been created through a proper research and evaluation process or are not adequately monitored once implemented. To rectify this, the reform implementation process must establish evidence-based approaches, and monitoring and evaluation, as core practice. Actions associated with the reforms must be continually reviewed to see if they are being implemented as planned, and producing their intended benefits, so they can be adjusted and improved, or stopped if necessary.

Establish a monitoring and evaluation framework

As part of its oversight role, the Implementation Office should develop a Monitoring and Evaluation Framework to clarify what is being done and what success will look like for each of the proposed recommendations, and for the system as a whole.

The Monitoring and Evaluation Framework should:

- **measure results at multiple levels through:**
 - **process measures** that focus on implementation; reach, uptake, and adoption; acceptability, satisfaction; and quality
 - **impact measures** that focus on short to medium objectives such as changes in mental health literacy, stigma, help-seeking, access, and experiences of care
 - **outcome measures** that focus on improvements to individual mental health and wellbeing, quality of life, and outcomes across a broad range of life domains; incidence and prevalence rates of mental health conditions, self-harm, suicide attempts, and suicide; and the burden of psychosocial disability and premature death associated with mental ill-health in the community.
- **support continuous improvement**, with a focus on using monitoring and evaluation data to drive innovation and improvement rather than just compliance
- **link to existing performance monitoring and outcomes frameworks and strategies** already in place within the Department of Health, and other departments where relevant
- **connect to** national performance frameworks, strategies, and datasets, including the Indigenous Evaluation Strategy and the National Agreement on Closing the Gap
- **be developed in consultation**, including with people with lived experience and Aboriginal and Torres Strait Islander people

- **consider training needs to implement**, including with regard to promoting cultural safety in evaluation processes
- **balance privacy with transparency**, including through data-sharing mechanisms so that the sector can own and use collected data.

Set appropriate indicators

The Implementation Office's focus of monitoring and evaluation is to drive improvement. Setting Key Performance Indicators and benchmarks is important to ensure program and service providers deliver what they are funded to deliver and to direct improvements.

Indicator setting should:

- **involve consultation with key groups** including people with lived experience and Aboriginal and Torres Strait Islander communities
- **focus on a balance** between process, output, impact, and outcome measures
- **address issues of quality, consumer safety and program or service effectiveness**
- **include lead and lag indicators** to enable tracking of short-, medium- and long-term changes
- **pivot away from compliance data** and towards data that is more meaningful to service users and the general public.

Collect the right data at the right time

The Implementation Office will need to consider data governance, including what data is needed to support its own role and that of other implementation groups, and how data will be securely collected, stored, analysed, and reported.

The Implementation Office should:

- **collect data in line with the Monitoring and Evaluation Framework**
- **take a strategic and streamlined approach to data collection** to minimise administrative burdens
- **ensure implementation groups are properly resourced** to track and report on the outcomes of reforms through data analysis, including by advocating for greater investment in data collection and information management systems
- **recognise that evaluation is as an ongoing and iterative activity**, rather than a one-off event, with the aim to drive improvement rather than force compliance.

Use a blend of administrative data and targeted research and program evaluation

Robust monitoring and evaluation can be achieved through the use of qualitative and quantitative administrative data (such as client registration and service use data, and end user feedback). This can be supplemented by the targeted use of research projects and program evaluations to deepen the sector's understanding of the implementation and the impacts of the mental health reforms.

The Implementation Office should support this mixed method by:

- **commissioning** of audits, formal program evaluations and research trials, and periodic community surveys in collaboration with academics and evaluation consultants
- **empowering Aboriginal and Torres Strait Islander organisations** to drive culturally appropriate evaluations within their own communities

Publish and disseminate the findings of these initiatives

While it is critical that the Implementation Office is able to access data from organisations implementing changes, it is equally important that frontline services have the data they need. Data on the evaluation and impact of reforms should be specifically provided to those with input to the process, and published on the Implementation Office website for public review.

Greater transparency of findings is required to:

- **promote accountability**
- **build the evidence base and increase knowledge** across the sector
- **identify areas of concern** requiring political or organisational action
- **maintain the confidence** of those working in the sector, service users, and the general community
- **close the feedback loop** to people who have contributed data.

The page features an abstract graphic design with several overlapping circles in yellow, red, pink, teal, and green. Lines connect some of these circles, creating a network-like structure. The text is contained within two of these circles: a teal one in the upper right and a large green one in the center. At the bottom, there is a faint, light blue graphic of overlapping circles and lines.

Now is the time to consider the path to successful and effective implementation of the Royal Commission's recommendations – not what the future will hold but how we are going to make it happen.

We anticipate that the Royal Commission will articulate a new vision of Victoria's future mental health system, placing Victoria at the forefront of the country – perhaps even the world – with its plans to create the mental health system which Victorians want and deserve.



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MentalHealth Victoria

Collaboration • Knowledge • Leadership

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